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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Water: its History, Characteristics, Hygienic, and Therapeutic Uses.

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(*Continued from page* 6.)

In the composition of various remedies, for therapeutic purposes, their purification, distillation, solubility and effectual agency in removing disorders, not unfrequently depend, for aid, on the sure properties of water.

The minds of busy cogitators, ever on the scent for novelties in treatment, cling to this pure element as the best, swiftest means of gliding down the stream of life, until some rare panacea may be found; some certain method for alleviating suffering loom up in the distant vista of futurity and crown their labors with success. Being well aware that in deductions of a philosophic character, a scaffolding is needed for hypothesis ere truth may be erected, they consent to base their platform on the limpid waters that it may move on with gradual persuasion, influenced by proper theories, not sullenly confined to the dull round of of idle, self-sufficient reasoning.

From the period when the careful* student of life's ways advised a proper use of water, and, with force, recommended it in sickness.

"Post hæc, omnibus fatigatis aptum est cibum sumere, eoque humido uti; Aqua, vel certe diluta potione esse contentos; maximeque ea, quæ moveat urinam:" when even in old times important sinners used it as a vehicle for poison, as we read in the description of the celebrated Aqua Toffana, in the german Toffanisches Giftwasser, and called by Italians Aquetta Italorum,* whose properties were mighty, and its composition: "vera compositio hujus veneni medicos adhuc fugit, at arsenicum crystallinum in larga *aquæ* copia per simplicem, decoctionem solutum esse videtur;"† when Galen and Agattainus, Cælius and Helmont, Harder of Petersborough, and Karl of Denmark, (1757,) together with hundreds more, extol its power and unfold its capabilities, we need but to turn over the well written pages of a few distinguished writers to discover their partiality to its utility, their leaning toward its kind assistance. Whether we examine with care the water blowpipe, as described by Bowman, and discused by chemists,‡ or enter into the real merits of the observations of De Haen,§ and Shebbeare,‖ relative to human fluids; whether we pursue with care the "Experimental Inquiries" of the physiologist, Hewson, in regard to blood, or seek to weigh the views of Zaccheus,¶ and Dumas,** Pringle,†† and Hunter,‡‡ as relating to the animal economy we see in one and all of their conclusions and terse emanations, here and there sincere allusions to the vast conduciveness of water.

The sensitive imaginator, as he wanders:

"O'er many a frozen, many a fiery Alp, rocks, canes, lakes, fens, bogs, dens, and shades of death," learns more of practical duribility than the stay-at-home perusers of vast tomes; but, while reading the results of learned schemes and closest studies, more is ascertained that may prove useful and of import in the way of cure.

We are informed by the chemist, and can judge for ourselves, of the following facts: Malic acid is soluble in water and alcohol. The kinates are prepared, by using at the proper

* Celsus de Medicina, lib; 1, cap. iii.

* Josephi Jacobi Plenck-Toxicologia seu Doctrina de Venenis et antidotis, viennæ, apud Randalphum Græffor, 1785.

† Vide III Hoffman Med. Rat. System, T. II.

‡ Practical Pharmacy, etc., by Mohr. Redwood & Procter.

§ Ratio Medendi.

‖ Practice to Physic.

¶ Quest. Med. Legal.

** Principes de Physiologie.

†† Diseases of the Army.

‡‡ Treatise on the Blood.

time water at the temperature of 68°. The cephælis ipecacuanha is not used medicinally, after being separated from the stem, till dried. The syrup is also made by evaporation by means of the water-bath. Tartar emetic, first introduced by Adrien Mynsechs, 1631, requires the use of one gallon of water in its preparation, as a vehicle, agent and useful go-between; and is administered in solution with pure water. Zinc, subjected to severe popular criticism in 1280—though strongly advocated by the ancients, is obtained in the form of sulphate, for administration, by the decomposition of water. Sulphate of copper is procured by evaporating the waters that hold it in solution. Scilla maritima comes from the Mediterranean, and is universally employed. The lobelia inflata is one of the surest emetics, on account of its being readily absorbed by the fluids of the body. The anthemis mobilis is taken by the patient in the form of an infusion. Were the ricinus communis not boiled with water, after undergoing the expression from a powerful screw, its impurities would render it unfit for use, and the pure oil would not be found. Magnesia usta is prepared by driving off great quantities of water and carbonic acid by an intense heat. Sulphur lotum is distilled and washed till litmus indicates no traces of red stains. Did the sap of the ornus rotundifolia not flow out, indebted for mobility of particles to water, the flake manna would be wanting, and its use unknown. Until the roots of the rheum palmatum are dessiccated its conduciveness is limited. We are beholden to the inspissated juice of the aloes which, after flowing out at man's decree, gives up its vapor and leaves the pure liquid as a remedy of vast aid in therapeutics.

Though jalap is restrained in yielding up its virtues to pure alcohol, when mixed with water it abandons all its properties and seeks but to resign the essence of its life. According to Dr. Taswell, one of the beneficial results to be derived from the phytolacca decandria is the gradual salivating power which it possesses in common with mercury, though by no means as dangerous. I pass over, purposely, all remedies that are derived from mineral waters or spring from the mighty deep. It is my object, in the proper place, to treat of them compared with those obtained on land.

"Oh, Nature! all sufficient! over all!
Inrich me with the knowledge of thy works!
* * * *
——————Through the disclosing deep
Light my blind way: the mineral strata there;
Thrust, blooming, thence the VEGETABLE WORLD;
O'er that the rising system, more complex,
Of animals."*

Previous to packing the Cassia Ethiopica, Marylandica, &c., did the inhabitants not subjeci the leaves to the action of the sun's rays, a mouldy specimen would reach its destination, and repulsion testify to its inefficiency. Tne milky juice that flows, with quiet purpose, from the root of the convulvulus scammonia, affords the lazy Syrians a means of money-getting, and suggests a moral. Stalagmatis cambogioides, if preserved when moistened, would prove futile as a medicine. Its dried properties alone permit it to be housed for future agency in easing those afflicted with ascites, or the lamentable troubles of the brain. So necessary is it to remove all moisture from the cucumis colocynthus, that the fruit is placed in heated stoves the more surely to eliminate the water in its winding pores.

To Dr. Clutterbuck are we indebted for the original opinion, that the active principle of the momordica elaterium is to be found in the *juice* which snrrounds the seed. If analyzed with care, in accordrnce with the process adopted by Mr. Hennell, of London, before ascertaining that in 100 parts there are 40 of crystalizable elaterin, 17 of resin, (green,) 6 of starch, and 27 of woody fibre, together with 6 of a saline material, the excess of water must be dispensed with, and the pill may then be made up for those who stand in need of a most powerful hydragogue cathartic. If we look into the climatology and botanical characteristics of Cochin China, Ceylon, and Molucca, where the Croton tiglium is indigenous, whose seeds furnish an oil one drop of which is capable of acting on the intestinal canal with an undeviating influence, resulting in most copious watery discharges, we perceive that, in those countries, prolonged rains surfeit nature with abundant kindness; and the sun alternately draws out their latent strength into the acme of essential power. In the preparation of the calomelanos torqueti, which is an excellent sialogogue, we find that, besides employing mercury, sulphuric acid, and chloride of sodium, this mixture is boiled with no small quantity of distilled water. We cannot omit, while enumerating the principle lustramentra, the fact that there does not exist a practitioner who, when employing clysters, fails to accord pre-eminence to warm water. The distension produced by

* Thomson's Autumn, I. 1361.

this harmless liquid at times, saves life and brings repose to the exhausted sufferer.

In reading over the list of anthelmintics, which act directly on the worms themselves, we find cold water placed before the efficacious mucuna pruriens. Rosenstein most strongly recommends its use, at times, with salt. The judicious use of a few drops of the chenopodium anthelminticum, at times, proved salutary, and received the plaudits of admiring students.

But the oil of turpentine, obtained by distilling the juice that exudes from a peculiar kind of pine, with water, seems, at times, to prove the spes ultima of the attendant and the real remedy for the afflicted offspring.*

The fresh root of the spigelia marylandica is far superior, in its activity, in effecting permanent benefit than when, by age, its moisture has departed, and a dried remnant is the only relic of a former power.† The decoction of the melia azedareck, most truthfully styled, by the natives of the East, the Pride of India, when other efforts have been made, seems, by the inherent qualities of its bark, to produce most beneficial cures, and ease the sickly child by its narcotic peculiarities.‡

Rush§ and Warren,‖ Percival¶ and Blackall,** Maunsell and Ure, seem, from their published writings, to consider mercury as a *sialogogue*, surpassing in its power other remedies, and excelling as a means of freeing constitutions from impaired, housed-sickness, and the deleterious consequences of a poison not thus driven from the weakened frame.

Though erring on the right side, namely, a desire to wash out the poison, the great Boerhaave, "who examined systems by experiments, and formed experiments into systems,"†† believing "the venereal disease to be seated in the cellular and adipose membrane, conceived its cure was to be effected by melting down the adipose substance by salivation.‡‡" Though Falconer* opposes the excessive use of mercury, and Carmichæl† seeks to prove that half the quantity will often serve the end intended; though Travers and Ainslie, Hamilton and Emerson, Swediaur and Larrey, devote the calm result of wide experience to the energetic council, "be most careful in its usage," none of them denies its virtue, and a single outcry cannot be upheld against the moderate administration of small quantities at certain times. According to the opinions of Sydenham, in the south of France, much greater quantities of mercury could be supported in the system.

As a diaphoretic, before any internal remedy is recommended to the consideration of the medical community, we find "water applied to the surface, by affusion, general bath, vapor bath, and local applications," varying from cold, 40° to 60°; tepid, 85° to 92°;—warm, 92° to 98°; and hot, 98° to 112.°

Unsenias, in 1688, a Scandinavian of keen observation, upheld the benefical results derived from this method of cure. Wolfgang Wedel, in Jena, in 1721, and Clemens Tode, 1736—1808, of Copenhagen, strongly advocated its merits, and advised its permanent adoption.

The liquor acetatis ammoniæ, discussed at length by Phillips and Brande, Alexander and Pereira, is dispensed by the apothecary, held in solution by water; as is also the neutral saline mixture. The infusion of the Eupatorium perfoliatum as a tonic sudorific, not unfrequently alleviates the pains of rheumatism, and assists, with energetic influence, the patient sinking under the aggravated symptoms of typhoid pneumonia. As an expectorant, hot water or steam is suggested as one of the most efficacious means of relaxing the congested vessels, favoring secretion and exudation, and soothing a highly inflamed region. By perusing the works of the learned in experience, we cannot fail to be struck with the fact that opium, paregoric, balsam of Tolu, polygala senega, and the balsam of the myrospermum peruiferum, when administered, depend for aid upon the direct action of water, hot or otherwise. Before nitrate of potash can be used, it must be boiled in water as a certain means of cleansing it of all impurities. According to the opinion of Dr. McLean, the infusion of convulvulus panduratus may be ranked among the best diuretics. By carefully analysing the exact composition of the volatile oil of the juniperis communis, the following is the result:

* See Dr. Brande's views on this subject.

† This fact has been endorsed by Dr. Gardner, after much experience, the supervision of many cases, and a thoughtful comparison.

‡ Salt, dissolved in water, has been strongly advocated by Heberdeen and Brera, Rush and Barton, on account of its own tonic character.

§ Obs. and Inqs.

‖ View of Mercurial Practice in Febrile Diseases.

¶ Percival's Essays, Vol. II.

** Blackall on Dropsy.

†† Johnson's Life of Boerhaave, Vo'. XII.

‡‡ Inaugural Dissertation on Mercury, embracing its medical history, curative action, and abuse in certain diseases, by John W. Francis, A. B., New York, 1811.

* Transactions of the Medical Society of London.

† Essay on Venereal Diseases.

Volatile oil,	1.00
Wax,	4.00
Resin,	10.00
Sugar, with acetate and malate of lime,	30.80
Gum,	7.00
Lignin,	35.00
Water,*	12.90

The decoction of the apocymim cannabinum is by far the most superior preparation of this herbaceous plant, seeming, as it were, to eliminate the fluids resulting from a dropsical tendency; so, also, is the decoction of the leaves of the arbutus uva ursi.

The infusion of the pareira brava, and the watery extract of the chicocca recemosa, possess the qualities of the other forms without seeming to loose any of their specific properties. Without pursuing a tedious routine too practically tiresome to be remembered, it is sufficiently to the purpose for me to state that in the list of emenagogues, parturients, sedatives, particularly demulcents, narcotics, stimulants, and tonics, water is represented in the most powerful light, in one case, as a means of obtaining the medicine, in another, as the best vehicle in administering it; again, as forming one of its principle constituents, and, finally, as the kind agent which intervenes, alleviates, assists absorption, brings about solution, and allays great suffering.

There exists few whose active minds will furnish them with permits to descend into the labarynthian caves where science dwells in primitive simplicity. Their thoughts dwell on enlarged realities, and cannot stoop to the details of practical beginnings. Others scoff at such labor, as conducive in no way respecting profit for the loss of time, and only seek to cure disease, so much per hour, with determined zeal exacting payment for what was accomplished by Divine agency alone. Of such the type may be perceived in this rude emanation, from an honorable source:

> "With just contempt Hygeia didst thou see,
> These mean dissensions of the faculty;
> See sick'ning physic hang her pensive head,
> And what what was Science once, become a trade:
> Behold her sons desert her mystic lore,
> And study nature less, and lucre more."

In the early days of England's medical schools, even the first apothecaries, J. Falcand de Luca,† 1357, Pierre de Montpellier,‡ 1360, and John de Gaddesden, the latter appointed physician to the Court, saw fit to penetrate the hidden veil of truth. They studied axioms and analysed the most accepted aphorisms. But a hurrying world no longer looks on trifles. The present must become the earnest of some future recompense, else a theory is laid aside, and well-established certitudes stand forth the rich rewarders of acknowledged industry. To him who seeks for treasures where the money-thinker is not found, this principle is innate, and the pleasing thought—

> "Oh! nature is perfect wherever we stray;
> 'Tis man that deforms it with care.*

unfolds the secrets of revealed realities, and urges on the mind to grapple with a startling power, all that may spring up for useful purposes. It was this that brought before the scientific world the genial thoughts of Humboldt, and rendered Linnæus a synomin for concentrated perseverance and untiring zeal. No idle curiosity formed any of the compound essences which created such mighty geniuses, and taught mankind to think.

In the long list of the nourishing products of the fertile soil, few furnish at the same time a pleasant repast, satisfy both hunger and thirst, and act as a mild diuretic, in comparison with the water-melon.† In regions where the nature of the ground, and the absorbing properties of the sun.hot rays parch up the thirsty land, this reservoir of water still remains to sooth the care-worn traveller, and refresh the weary pilgrim. According to the learned Hasselquist, in Egypt the inhabitants employ it as not only meat and drink, but for the purpose of physic. The water-zizania,‡ which may be found with its beautiful leaves of purplish green, and stalks terminating in panicles of flowers, claiming both the sexes, in the extensive swamps of Jamaica and Virginia, is preferred by many Indians to the universal rice so easily obtained, so readily prepared for palatable purposes. Whether we partake of apples, peaches, the ribes rubrum, or the ribes grossularia; the prunus avium, or the dracunculus aquatilis; whether summer season is revived in our minds by the fresh taste or the melo-vulgaris,§ or the delicate flavor‖ of the pyrus communis, one or all are doubly grateful from the juice of their rich luciousness, which, acting on pure principles, sprung from the water in the ground, and

* Lectures on Materia Medica and Therapeutics, etc., by John B. Beck, M.D.

† Regnar. Ant. Bened. in Angl. ‡ Freinds' Hist. Med., Tom II.

* Schiller's Bride of Messina, translated by A. Lodge. Esq.

† Cucurbita citrullus, Lin. Sp. pl. 1435.

‡ Zizania Aquatica, Lin. Sp. pl. 1408. Arundo altagracilis, foliis e viridi cæruleis locustis minoribus. Sloane's Fam. 33, Hist. 1. p. 110.

§ Baub. Pin. 310.

‖ Bryant's Hist. of Esculant Plants, London, 1783.

in accordance with a poet's* calm experience of nature's course:

"The merry sap has run up in the bowers,
And burst the windows of the buds in flowers."

In minutely investigating the conformation and rapid growth of vegetables, and especially those of a fungoid character, we readily perceive to what unbounded limits the necessity of water holds possession of their very size and capabilities of a prolonged existence.

Whether we examine the careful structure of exogenous trees, or become enamored of the telescopic certainty of shape, beautifully mentioned by DeCandolle, whether we agree with Darwin in his theory, that "each bud is a distinct individual plant," or closely trace the medullary rays which "radiate from the pith to the circumference"† of some plants, it makes no difference. In our steady course we meet with water in the form of sticky gum, more usefully consistent in the character of sap, with equal benefit, and slow ascending movement as a milky juice, for many purposes; yet never idle, ever busy, ever pure, and unassociated with an objectless pursuit.

"Labitur et labetur in omne volubilis ævum."

To be Continued.

Spontaneous Rupture of the Abdominal Walls, with Remarks on the Recuperative Powers of Nature.

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A report of the following case, being similar, with regard to the cause of injury and extent, to the one published by Dr. Edward Batwell, in the Medical and Surgical Reporter, page 533, cannot fail to be of interest.

Mary Grede, 72 years of age, of Pittsburgh, mother of twelve children, of delicate frame, yet healthy constitution, had enjoyed good health, with the exception of a bronchitic cough of more than twenty years' duration, subsiding during the summer, but regularly returning with the approach of the cold season. For the last two years, the cough had been more troublesome, and expectoration of a viscous fluid more copious. A month or two ago, the paroxysms of coughing had become very severe and frequent, lasting for several minutes. She had been her own doctor, and continued to administer to herself, though the cough assumed a spasmodic character with attacks of more than half an hour's duration. Thus afflicted, her appetite began to fail, and her strength to leave her. On July 16, 1860, we were hastily invited to see her, and found her in the following condition. Resting on her bed in a half sitting posture, she complained of agonizing pain in the abdomen, which showed a wound of four inches long in the linea alba, through which part of the omentum and small intestines, already inflated with gas, had protruded. Her features were sunken and pinched, pulse small and rapid, surface of body cold and clammy, cough had ceased, but restlessness, and a craving thirst for cold water, with vomituritions and vomiting were present. During a fit of coughing, which had lasted for more than half an hour, previous to our seeing the patient the abdominal walls from below the umbilicus had given way with hardly any bleeding; skin, fascia, and peritoneum being ruptured to about the same extent. With some difficulty, owing to the distended condition of the intestines, the protruded mass, exceeding the size of a child's head one year old, was reduced. The lips of the wound (including dermis and fascia) were united by silver wire, with quilled suture, strips of adhesive plaster encircling the whole abdomen between the stitches, and a flannel bandage around the whole with lateral compresses constituting the outer dressing. The abdominal muscles at the same time were placed in a relaxed condition by bending the hips and knees, and raising the shoulders. Brandy and water in teaspoonful doses were given with opium gr. ij. at once followed up by gr. j. every half hour; warmth to the extremities having been applied. Six grs. of opium having been taken, and the vomiting not subsiding, morph. sulph. gr. one-quarter every two hours was substituted, when vomiting and restlessness ceased, the patient continuing in a comfortable condition with entire absence of pain, tympanitis and cough. The pulse, gradually losing its frequency, became firmer, and the natural temperature of the skin returned. Secretion of urine being free, the bladder was relieved daily three times by the catheter. Sleep too was refreshing, but thirst was urgent, which had to be allayed by iced-water and pieces of ice. This treatment was continued without interruption for a week,

* Lines written on a burst of fine weather in May, by Leigh Hunt.

† Animal and Vegetable Physiology, considered with reference to Natural Theology, by Peter Mark Roget, M.D.

nourishment in teaspoonful doses of ice-cream, brandy and water and beef essence alone being allowed, and no untoward symptom having appeared, morphine was administered at longer intervals. Union of the wound had taken place in a week, but the stitches were not removed till two weeks later, when the patient left her bed, the abdomen being only supported by a flannel bandage. Morph. was now omitted, the health of the patient being better than before the accident. The alvine evacuations were brought on by warm water injections on the tenth day. The cough, however, gradually returned, though in a milder form. She is living yet, and in good health.

Recoveries from such injuries (as well as the successful results which ovariotomy and other severe operations, implicating the large cavities and articulations, in more recent days have attained) have been sufficiently frequent to warrant the conclusion that the recuperative powers of nature are fully competent to repair grave injuries, at any period of life not excluding advanced age, provided the *nervous system* be *timely* and *properly* guarded by the judicious use of anodynes, and the digestive organs sustained by nutritious and stimulating agents in upholding life and its recuperative resources. Under the genial influence of anodynes in the shape of opium and morphine, etc., suited to the idiosyncrasies of the patient, but *powerful* enough in their dose for *completely* relieving pain, when given at *once* after the receipt of any severe injury, more especially of that to the peritoneum, pleura, and larger joints, and cautiously continued, inflammatory attacks of the injured tissues will be prevented, while nature is left free and unimpeded in her ever ready efforts to agglutinate torn or divided surfaces and remove congestion and effusion.

Pain being the earliest and first monitor, the ever faithful sentinel and inner voice by which an injured organism appeals for relief, thus indicating not only the locality of the injury, but also its extent and severity, which, if not *checked at once* will lead to inflammation and disorganization—no time should be lost, not only to *arrest* it *speedily*, but even to *avert* it by the prompt use of anodynes suited to the particular case. To allay pain in surgical ailments is an imperative duty, much more urgent than in medical cases, as the former are generally more sudden and severe in their invasion, and more rapid in their destruction, than most of the diseases which come under the province of the physician. If this will be admitted, the necessity of preventing the invasion of pain with its concomitant evils, which are sure to follow grave injuries, cannot be questioned.

When, with the aid of anæsthetics an otherwise painful operation can be made painless, and with the prompt and judicious administration of anodynes, pain and its numerous untoward consequences can be averted, how much more glorious and successful will be the office of the present surgeon than that of his predecessors, and how thankful mankind ought to be for these blessings.

But the exhibition of anodynes after operations or severe injuries, though often resorted to, has not, we believe, received that degree of consideration which its importance demands. To guard an organ or member against the ravages of severe accidents, the *invasion of pain*, we plead, *should not be waited for*, but anodynes should be given at once, in suitable doses, and continued till all danger of inflammation has passed. The ordinary doses of these agents seldom accomplish the desired object of blunting the nervous system, and inducing that repose of its centres (not unlike the mesmeric sleep) so essential for recovery. The greater the injury, and the more severe and protracted an operation, the more excited and irritable the nervous system of the patient, the stronger is the necessity of a full and even unusual dose of the remedy for producing tranquillity of the nervous centres. Whoever has watched the effect of large and repeated doses of anodynes, under these circumstances, will have been astonished to have witnessed the soothing effect of these agents on the nerves, without inducing that comatose condition, which smaller doses, given under ordinary circumstances, or in the healthy condition of the patient, are apt to produce. It seems as if the nervous fibres, strung to their utmost by the shock of an accident or operation, absorb an enormous quantity of anodynes, and even require *such an amount* for their pacification and relaxation, that the remedy being totally absorbed, no toxical effect follows.

Unusually large, however, as the quantity of an opiate will need to be in particular cases, if the desired effect is to be attained, the greatest watchfulness, nevertheless, is to be exercised on the part of the surgeon to prevent the approach of collapse, ushered in by sinking of pulse, vomiting, coldness of the surface of the body, and clammy perspiration, &c., which may

prove fatal. Yet, with that understanding, no danger may be apprehended from the free administration of a remedy in doses sufficient to protect the system from the inroads of the most severe injuries, which, under its influence, will be repaired with as much rapidity as those of minor importance.

So thoroughly are we convinced of nature's inherent power of repairing the gravest injuries, that *failure* of success ought not to be attributed to insufficiency in her resources, but to the too excitable, weak, and irritable condition of the nervous system of man, perverted as it is, and alienated from the normal standard of health by faults of his moral, physical, and intellectual education. Why is it, we are constrained to ask, that in the brute creation, nursed, reared, and living according to nature's laws, the severest injuries of the large cavities pass off harmlessly; that accidents, befalling them with impunity, are mostly fatal to the human race? Can any better or more satisfactory reason be assigned than that to be found in the strength, tranquility, and natural condition of the nervous system of animals, not vitiated, as it has been in man, by the natural customs and habits which he has adopted, and continues to foster in the face of nature's daily injunctions? Why is it that vulnerability in animals should be so insignificant compared with that of man? Composed of the same materials, and possessed of the same tissues and organs, can any other cause be ascertained for the difference of tolerance of the system against injuries between animals and man, but that healthy repose and vigor of the nervous centres in the former (their natural protector,) free from all morbid excitability and irritability, which are working man's destruction—a condition solely induced by his utter disregard of nature's laws—which civilization, with blessings, though great and numerous, has bequeathed to him. With an intellect towering to heaven, he is daily and unrighteously working his own physical dissolution. No wonder then, that disease, infirmities, and injuries, destroy his usefulness long before his mission is accomplished, for want of that strength and health of his nervous system allotted to him by his Creator, but which he has lost by faults of his own, while it remains normal and imperturbated in animals.

To restore to man the primitive and natural standard of health of the nervous centres, under whose protection disease and injuries would lose their terror, is impossible in the present condition of mankind, but we feel proud to acknowledge, that with resources in our power, if properly appreciated and applied, this fault of the nervous centres, (either being inherited or induced by man's own imprudence,) manifesting itself by weakness, excitability, and irritability, which so much endanger the safety of those afflicted with injuries and prostrated by operations, can, in most instances, be temporarily, at least, corrected, so as to enable the patient to bear up under them, when otherwise they would prove fatal. To prevent *pain*, therefore, in the treatment of surgical cases should be the surgeon's assiduous aim, as immunity from suffering is one of the patient's greatest safe-guards. For without pain there will be no congestion, no inflammation, and, consequently, no danger. With the absence of pain, the nervous centres being undisturbed, nature's work of reparation goes on speedily and uninterruptedly to recovery.

Though limited as our opportunities for observation and experience may have been, yet as a close and watchful student of nature, the following conclusions have forced themselves upon our mind as correct and tenable:

1. That nature in her wisdom, as a weapon of defence, has implanted in all created, a recuperative power co-existing with life.

2. That the normal strength and the natural tone of the nervous centres is the only stronghold of the recuperative capacities.

3. That the nervous power in a purely healthy condition exists only in the brute creation, living according to nature's laws, hence its small degree of vulnerability.

4. That weakness, morbid irritability, and undue exaltation of the nervous system, inherited or induced by faults of the moral, physical, and intellectual education of men, engender disease, make accidents fatal, operations dangerous, and increase the vulnerability of men.

5. That as restoration of the nervous system to the natural standard of health is hardly attainable, science, in her progress has enabled her votaries to strengthen the weak, and to calm the excited nervous centres by the help of anodynes, so as to place the recuperative powers of nature, at least, temporarily in as near a healthy condition as possible.

6. Various, however, as the grades of debility and morbid exaltation of the nervous system, will be found in different individuals, the customary doses of anodynes will seldom be sufficient for producing the desired effect. Large

doses given at once, suited to the particular constitution and condition of the patient, and cautiously continued, will be required in most instances. To subdue the excited and morbid state of the nervous system is, therefore, the great desideratum in the treatment of surgical cases.

7. That the invasion of pain, the precursor of congestion and phlogosis, with its dreadful results, after accidents and operations, should not be waited for, but soporifics should be given *at once* with the view of preventing pain, and persevered in till all danger of inflammation has passed.

8. That the digestive organs at the same time should be judiciously sustained by nutritious, tonic, and stimulating agents, so as to enable them duly to prepare and properly to assimilate the pabulum vitæ.

9. That thus protected and fortified, nature (the efforts of man's own constitution) will seldom fail in her resources of restoration, and that the most severe injuries and frightful accidents will often be repaired with astonishing rapidity and wonderful perfection.

The Antrum of Highmore and its Diseases.

By Jas. E. Garretson, M.D.,
Of Philadelphia.

Diseases of the Mouth—*Continued.*

A purulent condition of the secretions of the antrum may be viewed somewhat as one would view a gonorrhœa or an ozena; indeed, Mr. Bell, the English author, goes so far as to describe the conditions as being similar. "Both diseases," he says, "consisting equally of an altered secretion; in the one, of the pituitary membrane, and in the other of the muscular lining of the uretha, which, in neither instance, possesses any of the characteristics of abscess, though the matter in both is purulent."

Certainly, if we allow for some differences, as influenced by cause and location, the description of the one would very well answer as the description of the other. In both we have the same perverted secretion, the same molecular change, the same sthenic and asthenic modifications.

As a gonorhœal discharge is always preceded by certain inflammatory conditions, and, as after the subsidence of the acute attack, the discharge may long continue profuse, or, on the contrary, may decline to a scarcely perceptible minimum; so, in antral purulency, must we have the associated inflammation, and we may have the profuse or limited secretion.

In antral diseases, however, as may be readily inferred, very much depends on the nature and associations of the secretion. A profuse discharge, with closure of the orifice of the cavity, must necessarily entail the most untoward consequences; the walls of the cavity will attenuate until (unless surgically relieved) the weakest point will give way, the rupture being most apt to occur, either within the orbit, or the mouth. Not unfrequently, however, this weakest portion seems to be the canine fossa, and the opening has occurred at the tuberosity. My own experience, however, would lead to the inference that the hard palate is, by far, the most common point at which the matter seeks egress. You will see a tumor bulging out from one side of the mesial line, and which advances more or less rapidly, until fluctuation becomes very distinct. A sign diagnostic of this class of tumors, as I have had occasion to observe, is, that its internal boundary is apt to be quite abrupt, and does not pass the line midway to the mesial division. The establishment of a fistula relieves it at once of the sense of distension, and if it has formed in a convenient place, as within the mouth, the patient may feel disposed to congratulate himself on having come to a sufficient cure. Unfortunately, however, in the majority of cases, this satisfaction is of short continuance; for, independent of the fact that the disease at once takes on the chronic form, making the sufferer an object of disgust to those with whom he is brought into immediate contact—the fetor of the discharge, under some circumstances, being really unbearable. Yet, also, is the undue retention of the secretion within the cavity such a source of irritation to the parts, that, not unfrequently, the most serious lesions result. In some instances, the whole of the bones of the face being destroyed.

The causes influencing retention of these secretions are two-fold: First, the external wound is apt to heal, and to continue impervious until an increase of the secretion induces sufficient pressure to cause its absorption, as in any case of abscess. In the second place, the passage is blocked up by floculi within the cavity.

Puruloid secretion in the antrum may, from the onset, be of so limited a character—that like secretions in certain of the ovarian cysts—

years may pass before marked inconvenience results. I am acquainted with a case—that of Mr. C——, late an eminent merchant of this city, in whom, after five years of great mental and physical suffering, a disease of the antrum, supposed to be malignant, was found to be nothing but simple muco-puruloid engorgement depending upon a dead tooth. In this case the trouble had commenced with a feeling of heaviness and oppression in the body of the jaw; the parts had gradually enlarged until there was a distension of the cheek to the size of a large fist, the eye finally being thrown entirely out of position from the rising of the roof of the antrum. Much treatment had been given the case without the slightest accruing benefit. No attention, however, had been directed to the dental arch—the teeth, although the patient was sixty years of age, being apparently in the most perfect condition.

The result of this case was the diagnosis, on the part of a surgeon to whom he finally applied, of a dead nerve in one of the bicuspid teeth, the organ, although as healthy looking as any of its fellows, responded to the stroke of an instrument in the manner as described in the paper on alveolar abscess; this tooth was extracted, and in six months the patient was perfectly restored.

A circumstance connected with the extraction of the tooth in this case, offers an example of practice in this direction, of which it is well not to loose sight. The practitioner who related to me the circumstances of the case, informed me that he expected to find associated with the tooth fang a pyogenic membrane, and to have the extraction followed by a gush of pus, in both of which, however, he was disappointed. The fang was clean, and the blood which followed the operation had nothing peculiar about it. Not to be thus balked, he passed a probe up the alveolus of the extracted tooth, which, meeting a resisting, yet yielding body, he pushed through in the direction of the antrum, and into which cavity, with some little effort, it was made to pass; the withdrawal was followed by a profuse purulent discharge. This resisting body may be simply floculi, as alluded to, or it may be the mucous membrane proper to the parts—most likely it would be found the latter, for we are to remember that it is not alveolar or antral abscess with which, in these cases, we are dealing, but simply what might be termed a mucitis, and, of course, a break in the continuity of the membrane cane notia essrily to be looked for. The practitioner, in this case, only approximated to the exact condition; he thought, evidently, that the trouble was tooth abscess discharging itself into the sinus, whereas (while the treatment was perfectly adapted to the requirements,) yet the case was one of simple mucous, or muco-puruloid engorgement, the result of reflected irritation.

The diagnosis of mucoid and puruloid engorgement of the antrum, is, as a rule, not difficult to make out. At first there is inflammation, and this, as suggested, is most likely to have an origin about the teeth; symptoms of catarrhal trouble in the schneiderian membrane present, the result of its continuity with the affected parts, more or less mucous, or it may be puruloid matter is passed from the nares of the affected side. This, as the trouble advances, ceases, and the patient begins to complain of a sense of heaviness about the body of the cheek. If the secretion is active there will be much pain, sometimes sharp in character, but more frequently heavy and unbearably dull. In all chronic periodontal inflammation we have this same dull pain, but then it differs from the pain of engorgement in being confined to the alveolar arch; in this latter trouble the greatest pain is found, I think, associated with the floor of the orbit, which, as will be remembered, makes the roof of the antrum. At length, as the secretions accumulate, the parietes of the cavity begin to attenuate and expand. The tumor now forming may be distinguished from others—firstly, by the history of the case, secondly, by dryness of the nares of the affected side, the result of the closure of the orifice of antrum; thirdly, by the gradual and regular enlargement: fourthly, by the non-association of the integuments of the cheek; and, fifthly, by the fluctuation which it will finally yield.

To treat successfully such a trouble, we have only to search out the source of offence, and, where it is possible, remove it. If this should prove to be a tooth, we may secondarily treat the antrum through the alveolus. Where the trouble is thus of strictly local origin, we shall find that we need to do very little more than to employ daily some stimulating injection: diluted tincture of iodine is a favorite with me. Where the acrid character of the retained secretion has provoked degenerating ulcers, I have obtained the very happiest effects from weak injections of chloride of zinc.

If, on the contrary, such bad conditions of the antrum be associated with constitutional

causes, I need not suggest that such causes must have our attention. In these latter cases, however, where the cure promises to be tardy, we may give to a patient complete relief, locally, by making an opening into the antrum, and keeping it patulous by means of a cotton tent; this, combined with the daily employment of such injections as may seem indicated, will be found to yield most decided benefit.

Concerning abscess proper of the antrum, I think it may be set down as the rarest of rare diseases. Bell and Bordenhave each mention a case. I have never met with an instance. Abscesses, described so frequently as occurring in this cavity, will, I think, commonly be found to have their origin in the alveolar border, and if treated as any ordinary case of alveolar abscess, will at once succumb. See papers on Alveolar Abscess, and Anomalies of Dentition.

To be Continued.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. J. F. Meigs.

Wednesday, October 9, 1861.

PLEURISY.

This case relates to a sailor, twenty-eight years of age, admitted October 1st; just returned from a voyage to Key West, Florida, in a barge loaded with coal. Left this city about the middle of August; after continued exposure to stormy weather for several days in succession, he was attacked with a severe pain in his right side, with some cough; still kept at work for about two weeks, and when at Key West, took no medicine. Cough continued only two days, dry, with rattling, but no expectoration and slight difficulty of breathing. Started for home on the 7th of September; pretty good health; soon after arrival was again exposed to wet, from cleaning the vessel, and was again taken with a very severe, "*dead* pain," as before; had dry cough, and, on Saturday previous to admission, vomited some blood. When admitted to the hospital had some fever; dullness of percussion, both before and behind, on the right side; no crepitation, slightly marked friction; percussion in horizontal and erect position showed a marked difference, lower half being dull, upper half more resonant, indicating effusion. Pulmonic resonance on left side is well marked; vesicular respiration very feeble and dull in right side, but not so dull as it should be if there were great effusion; he has what authors have termed vesiculo bronchial respiration, as indicated by auscultation and percussion, rather than by particular symptoms; this is a case of latent pleurisy, which has resulted in slight effusion. For four days after he came to the hospital he took the following prescription: golden sulphuret of antimony, ¼ grain; Dover's powder, 2 grains every two hours; a blister was also applied to the affected side. Finding that he was quite weak, and suspecting some malarial origin, as he had recently left the south, I ordered him 8 grains of quinine, and 15 drops syrup of iodide of iron three times a day, and omitted the antimony. He was also placed upon good diet, and is improving.

I have often thought, gentlemen, that some of these cases of latent pleurisy might be rheumatic in their character.

CHRONIC DIARRHŒA.

Jacob F——, a Norwegian seaman, aged thirty-eight; one year ago, as his vessel was taking in water, one of the tanks became broken, letting in salt water, in consequence of which all the crew were taken sick, and he then contracted this diarrhœa. On the 7th of July he was admitted to the hospital, was discharged, and three weeks ago was again admitted. The discharges were then six a day, lightish in color, and semi-fluid in consistence. In my view this case is one of chronic catarrh. Catarrh is not confined to the chest alone, it may attack the digestive organs, and exhibit in the discharges of cholera and other diseases its peculiar characteristics. In its treatment diet is of vast importance. Indeed it is of no use to give drugs without a careful and close attention to diet. I cannot urge upon you too strongly the importance of this matter. The diet must be carefully regulated. Milk, bread, crackers, beef tea, rice, etc., are proper articles to be used. This man, in addition to diet, has taken one-twelfth grain morphine, 1 grain quinine, and two grains of sulphate of zinc three times a day; and in addition has had an injection of 12 grs. nitrate of silver to the ounce of water. Under this treatment he is improving, and his evacuations are now only twice in the 24 hours.

JEFFERSON MEDICAL COLLEGE.

Wednesday, October 9, 1861.

Service of Dr. S. D. Gross.

ONYCHIA MALIGNA.

Jane W——, a child, presented by her mother for treatment for ulceration of thumb, resulting from an external injury. The affected part is much larger than natural; truncated, greatly discolored, tumefied, the edges are jagged, and have a peculiar dark hue, and the discharge is fœtid and sanious. The ulcerating

process has extended till the nail, and probably one of the bones of the thumb are entirely gone. The child is, up to this time, healthy, appetite a little variable, bowels regular, no known constitutional taint; still the pulse is slightly irritable, sharp, showing that the constitution, though not yet seriously affected, begins to sympathize with the disordered member. This affection is most common in young children, and frequently comes on without any assignable external cause. It may partake of a strumous character, though here I must speak guardedly, for the question is not yet fully settled.

In the treatment of such cases, sarsaparilla, which is said to possess wonderful remedial properties, is entirely inert and worthless; indeed, the article has no remedial properties whatever. In this case the treatment will be: Calomel, 2 grs., jalap, 3 grs.. given with a view to purge the child well, and to act upon the secretions. Purge it well. It must have no meat for some days. It may have bread, crackers, milk, etc., but *no meat.*

As a constitutional remedy, and the only one upon which any reliance can be placed, give the child one-fifteenth of a grain of bichloride of mercury three times a day. I would bring the system gradually under the influence of the mercury, but not carry it to the extent of ptyalism; if the gums become a little touched it will do no harm.

As a local application, the slippery-elm poultice, medicated with a solution of two drachms sugar of lead, half drachm of laudanum, and half pint of water.

As a direct application to the ulcerated part, take four drops nitric acid to the ounce of water, moistening a little lint with it. The hand should be kept in a sling and not suffered to hang down.

CHRONIC ABSCESS OF LEFT NATES.

Charles W——, twenty-four years of age, a comb-maker, has a swelling upon his left nates; commenced in June last, and has been increasing since; it is now ten or eleven inches in diameter; no assignable cause for its appearance. It fluctuates very distinctly, is very elastic, is not hard, sometimes pain above it: beating, jumping pain; there is a little preternatural heat; the subcutaneous veins are slightly enlarged. There is no general fever, no cough, the appetite is good, and all the functions of the body seem to be well performed. It is not a tumor, for a tumor hardly fluctuates as this does; it is not an aneurism—there is no pulsation; it is too soft to be encephaloid; it is not hard enough for a scirrhus; it is not malignant; what is it? I conjecture it to be a chronic abscess, strumous, scrofulous, or tuberculous, and to test my diagnosis, I will introduce into it this exploring needle, which, you observe, gives exit to pus.

To lay this abscess open would produce severe constitutional fever, the introduction of air into it tending to produce disorganization of the tissues, decomposition and putrefaction. The constitution has not yet been molested or disturbed, it is important that it should not be. Here is a distinct cavity, formed from the coagulating lymph of the blood. It is a secreting surface, organized with blood-vessels, and circumscribes and forms a wall around the abscess. To avoid the rigors, chills, and constitutional effects which would result from a free opening into it, I shall make a valvular incision, by which the air will be excluded. After the exit of the contained matter, compression may be used to bring the walls of the sac together, and obliterate the cavity; if stimulants be necessary, use iodine one part to six parts of water, or a seton may be passed from one side of the cavity to the other.

SEBACEOUS TUMOR OF THE FOREHEAD.

John W——, seventy-two years of age, has a soft, semi-fluctuating, detached, non-malignant tumor upon his forehead, between his eyebrows, of some twelve years standing. It is cystic, an enlargement of one of the sebaceous glands, the duct of which, from some cause, has become obstructed. As a consequence, the fluid secreted is retained; irritation ensues, the walls of the cyst become thickened, expanded, hypertrophied by the expansion. The remedy is excision. On cutting into them, we find the contents to be of the consistency of tallow, and sometimes very offensive. These tumors are sometimes multiple, and usually occur about the face and scalp, never upon the legs or hands.

ANEURISM OF THE POPLITEAL SPACE.

John R——, lumberman, thirty-five years of age; three months since, as he was loading his wagon, he felt something give way in his right leg, and in an instant almost, there came up this tumor, which has remained about the same size since. It is attended with very little pain. The tumor is elongated, ovoidal in shape, circumscribed, no discoloration. On applying the ear, we discover, faintly, the bellows sound of the aneurism; pulsation is distinctly observed; by compressing the femoral artery the pulsation ceases. The tumor is then an aneurism of the popliteal artery, occasioned by a rupture of its walls.

The treatment we shall follow in this case will be that of compression, by forced flexion of the leg upon the thigh, and securing it firmly in that position. This method of treatment

was first suggested by Mr. Hart, of England, and can be used with better prospect of success in small tumors than in large ones. The objection to it is the length of time it takes to effect a cure. This case will come under our notice again.

Oct. 12, 1861.

SCIRRUS OF THE MAMMARY GLAND.

Mrs. M——, fifty-six years of age, married, mother of nine children, youngest of which is fifteen; has been in good health all her life. Twelve months ago first appearance of the swelling of her right breast, which has been slowly growing since; knows no cause for it; nipple is retracted; gland atrophied; no discoloration of integuments; hard, almost like bone; pain not constant, but lancinating, darting; tumor now movable, circumscribed; by and by lymph will be poured out, and it will become attached; the lymphatic ganglia are also involved, and there is some swelling above the affected breast, near the arm-pit. Whether the cancerous matter is carried to those glands by the circulation of the blood, and deposited as tuberculous matter is said to be deposited in the lungs, is yet a mooted question. Here, then, is a well marked case of scirrhus of the mammary gland, or hard form of carcinoma. The prognosis is always unfavorable. It may recur again, though not perhaps for some years. The remedy is excision, and excision of the entire gland. Not a vestige of it should be left. Young surgeons have sometimes failed in undertaking to save a portion of the gland, and a recurrence of the scirrhus is most certain to follow. The excision should be complete.

HYDROCELE.

Wm. S——, two years of age, pale, feeble in appearance; not healthy; presented on account of a swelling of some seven months standing occupying the left half of the scrotum; spermatic cord natural; some enlargement of the subcutaneous veins; the tumor is tolerant of manipulation; fluctuation distinct, has not subsided since it first began; is attended with no pain. If it were hernia it would be reducible in the decumbent position, whilst it might return again as the patient rose up; it would be softer and have more of a doughy feel, and there would be no fluctuation. We, therefore, conclude it is not hernia. It is not malignant for children are not liable to such diseases in that locality; it is not encephaloid. It is simply hydrocele, or a collection of serum in the tunica vaginalis, which may be the result of inflammation, or as in this case from no appreciable cause. The treatment for hydrocele is opening the sac, by means of the trocar to to draw off the water, and the application of tincture of iodine one part, water six parts, by means of a camel's hair pencil to the exposed surface. The object being to provoke inflammatory action sufficient to glue together the contiguous surfaces. There is no danger from this treatment. The iodine is in the right proportion to effect the object in view, and no more.

Medical Societies.

TRANSACTIONS OF THE BROOKLYN MEDICO-CHIRURGICAL SOCIETY.

Doctor Daniel Ayres, President.

September 24, 1861.

CASE OF A PECULIAR TUMOR OF THE RIGHT BREAST—UNCERTAINTY OF DIAGNOSIS.

The case relates to a lady, forty-one years of age, of good constitution, regular in her catamenia, and without any hereditary disposition to cancerous growth. The said tumor had first been noticed two years ago in the shape of a small pea, and its cause ascribed to an accidental blow by the elbow. From that time it had gradually developed to the size of a black walnut, was distinctly circumscribed, firm, even, and movable. The integuments were not discolored, nor adherent to the tumor. Its seat is in the upper portion of the right breast exterior to the mammary structure. It does not alter the form of the latter, nor change the position of the nipple. The neighboring lymphatic glands are perfectly free from disease. The tumor had caused but little inconvenience to the patient, and at no time severe pain. Its removal was requested and performed. The specimen, together with an exquisite copy in wax, were then laid before the Society, and the peculiar color and rough structure of the same noticed. At the first glance it seemed to be a hæmorrhagic clot of some duration and enclosed by a firm capsule. On more minute inspection, difference of color and composition was observed.

The former was brownish-red not unlike mahoghany of a dark hue. Lighter parts could also be discerned. And as to the gross anatomical arrangement five divisions were noticeable, separated by interstitial material. The tumor protruded slightly from the capsule when midway divided.

A microscopic examination of the tumor, both in its recent and prepared state, (with chromatic potash,) Dr. Bauer had observed crenated blood corpuscles, dark points like changed hæmatine, but he had also found numerous cells of moderate and almost inferior size, and conical in shape, some of them containing dark material. The intercellular material was scantily fibrous. He thought these cells did not resemble epitthelium of the lacteal ducts, unless much changed in appearance and contents, nor did the tumor comprise a part of the glandular structure of the mamma, which had been

evidently pushed back, and the growth increased by juxtaposition. On the other hand, it certainly did not manifest a distinct carcinomatous character, belonging to the species of melonatic tumors. He was at a loss to classify it, but had his misgivings as to prognosis. The wound, as yet, did not indicate the return of the tumor, although it was about closing.

Dr. Daniel Ayres had also made an examination of a specimen furnished him from this tumor. He considered the growth as essentially fibrous in its character. The cells referred to by Dr. Bauer, did not appear by any means pathognomonic of malignancy. Their chief feature was derived from the contents, which appeared to be pigmentary granules. His opinion of the tumor was based upon its clinical history and anatomical aspect. Whilst the former certainly did not favor malignancy, the latter was best appreciated by comparing it with a specimen of well-known cancer of the breast then on the table. In the latter, the diseased mass, on section, was situated on a level with the adjacent structures, and when closely examined, this surface was found to be even slightly concave. Its close connection with the tissue in which it was imbedded, gave the idea of infiltration, and the entire absence of anything like a capsule. In strong contrast with this condition, the tumor under discussion, stood boldly out from its surroundings, and could be readily enucleated by the finger-nail from the dense capsule which invested it. This specimen strongly resembles a growth which returned upon the cheek of a lady, at the seat from which and encysted tumor had been removed some month previously by himself. It was again removed without recurrence, and appeared to be made up of fibrous structure and degenerated blood cells. It was therefore supposed to have originated from the blood-clot left in the wound after the first operation.

The history of this case, already given, furnished us a similar condition following a blow, and consequent interstitial hemorrhage. This had become encysted, a portion of its contents organizing whilst other parts were undergoing degeneneration and absorption.

Dr. Willets'

Case of Extensive Cystic Degeneration of the Kidney in a Young Child.

The doctor exhibited to the Society the kidneys of a young child, whose autopsy he had made a few days previously. The patient was a boy about six years of age, who, though delicate and unhealthy from birth, had never suffered from any acute sickness. Four or five weeks before death, it was observed that his abdomen began to be distended with water, and feet and ankles to become œdematous. The urine was examined and found to contain a moderate quantity of albumen. Mild diuretics and tonics were administered to the child, which were effectual in removing the dropsical accumulations. The patient, however, soon yielded to his disease, and died with cerebral symptoms.

In both kidneys, the cysts were very numerous, and compared with the size of the organs, very large. They varied in size from that of a pin-head to that of a marble. In the right, the cysts were greater in quantity, and larger than in the left. The left which was cut open, exhibited unmistakably, the extensive ravages of Bright's disease.

The extent of this cystic degeneration in a subject so very young, was remarkable. Death was undoubtedly caused by the granular disease, but the cysts must have interfered to a considerable extent with the proper function of the organs.

As regards the origin of these cystic formations in the kidney, pathologists do not agree. They are variously regarded as the result of the obstruction of the uriniferous tubes; as the distension of the Malpighian capsules; as the vesicular transformation of the ultimate structure of the gland; as a morbid condition taken on by the cells of the uriniferous tubes, which cells grow into these monstrous cysts; and as an entirely new formation of cystic structure, independant cysts which are developed in the intertubular spaces, not affecting the tubes themselves, except by pressure consequent upon their increase in size. This last view, which is probably the correct one, is that of Prof. Alonzo Clark, which he published to the profession many years ago, and which has since been endorsed by some of the most eminent pathologists and microscopic anatomists.

Dr. Louis Bauer's

Case of Periostitis of the Left Thigh Bone, with consecutive synovitis and fibrous anchylosis of the corresponding Hip-Joint—Contractions of the sartorius, tensor vaginæ femoris, and external duplicature of the vaginæ femoris muscle. Successful treatment by brisément force, and myotomy of the contracted muscle.

Herrman Weichel, a German youth, about eighteen years, had entered the Brooklyn Med. and Surg. Institute, with the following difficulty: ten years ago, he had been attacked with pain about the left hip and thigh, which resulted eventually in a large abscess at the outer aspect of the thigh. It was opened, and a large quantity of matter discharged; the discharge continuing during several months. Ever since pains in the implicated parts used to return in the spring, and gradually subside during warmer weather. The patient maintains, however, that the mobility of the left hip-joint had never been interfered with, and that the form of the leg had in no way been altered. Since he had entered the baking business, two years ago, and had been more exposed to extreme changes of temperature, the pain had been more severe, and in the last spring was very intense, of longer duration, leaving him in a deformed and crippled condition.

When examined, he presented exactly that deformity so peculiar to the second stage of hip-disease, namely, apparent elongation of the affected extremity, eversion of the toes, declivity of the pelvis towards the affected side, flattening of the left nates, obliquity of the cleft of the nates, with

the consecutive deviation of spine and shoulders. The left hip-joint was immovable, even under the influence of chloroform, and the motions of the entire pelvis were substituted, as is usually the case. The sartorius, tensor vaginæ femoris, and external duplicature of the vaginæ femoris muscles were tensely contracted, and conjointly with the existing anchylosis of the joint prevented most effectually the inward rotation and extension of the extremity. Fig. No. 3, represents the appearance of the patient

Fig. 3.

when admitted to the Institute. There was but very little pain when at rest, but when moving about, he experienced a great deal, as also upon pressure over the joint.

Dr. Bauer had thereupon divided the contracted structures, had forcibly and successfully broken up the fibrous articular adhesions, had placed the patient for some weeks in the recumbent posture, and kept up during that time a powerful extension. The results of this treatment had been favorable throughout, as regards pain, deformity and mobility. When the patient was discharged, his appearance corresponded with that exemplified in the annexed diagram, fig. 4.

Two months after his dismissal, he was again examined at the Institute, and it was ascertained that his recovery had been progressive ever since.

In concluding this case, Dr. Bauer remarked, that there had been originally a moderate degree of periostitis of the femur, which he chiefly inferred from the fact that all the remaining scars were closely connected with the bone, and presented the characteristic funnel-formed shape. Exfoliation, if there had been any, could not have been of much consequence, since the bone had never been noticed in the discharge. Taking the statement of the patient for granted, the cause had been rheu-

Fig. 4.

matic, and hence its frequent return at certain seasons. The preat exposure had rendered the last attack more intense, and this involved the joint. Whether the muscular contractions had been produced directly by the rheumatic process, or by reflex action, could not be decided; at any rate, it was of no consequence in as far as the treatment and its result was concerned.

October 8, 1861.

DR. BAUER'S

Case of Tumor Albus, caused by Osteo-Myelitis of the Femur—Extensive Excavation of the Bone—Periostism forming the posterior wall of the Cavity, being densely covered with newly formed Bony Spiculæ—Hemorrhage into the Knee-joint—Amputation.

The doctor presented one of the most interesting specimens of bone-disease which the society has, as yet, had the opportunity of inspecting, and made the following statement.

Kate O'Connor, aged eighteen years, a delicate, feeble, and emaciated girl, was admitted to the Brooklyn Medical and Surgical Institute three weeks ago, and placed under his charge. Her malady consisted in an extensive tumefaction of the left knee, commonly called white swelling. The soft parts around the joint were much infiltrated and distended by liquid in the articular cavity. The affected parts were tender to the touch, and, on motion, their temperature elevated. There was, however, no discoloration, not even by distended veins. The size of the tumor had almost doubled the circumference of the member. The contour of

the joint had entirely disappeared, and fluctuation could be clearly discerned, both anteriorly and posteriorly, to the joint. In the popliteal space the distension was more clearly marked, the centre bulging out considerably. The extremity was but slightly bent, and evidently more from the articular contents than from muscular contractions. Although the patient did not complain of great pain, and enjoyed tolerable rest, she nevertheless, in her constitution, bore the marks of destructive disease. Her already feeble frame had been still more reduced, so that her weight could not exceed seventy pounds. The pulse was hurried and very small. After meals there was hectic. The disease, evidently of long standing, was said to have commenced in an insidious way in May last; weakness, and occasionally a sudden pain, not to be distinctly located, being the primitive symptoms. Swelling and soreness of the affected articulation commenced at a later period, up to which time locomotion was scarcely impeded. So inconsiderable were the inconveniences from the disease, and so little concern was felt by the family, that they hardly thought it worth while to apply for professional aid, and contented themselves with domestic remedies.

Dr. Bauer had, in the beginning, expressed his conviction that the bone was affected, without being able to determine the exact diagnosis. In his opinion and experience, such an exquisite form of white swelling invariably denoted serious disease of the bone, and the prognosis, consequently, was unfavorable in the extreme. With a view of ascertaining the exact nature of the articular fluid, supposed to be purulent, and relieving tension, the joint was entered with a small trochar. Great was the surprise, when blood to the amount of three ounces was withdrawn. This blood was of a bright color and perfectly fluid. The idea was suggested that the wounding of the highly engorged synovial membrane gave rise to this unexpected result; but the fact that the fluctuation in the joint was perceptibly diminished, was conclusive that it was the pre-existing contents of the cavity. After this operation the limb was extended by a pulley and weight; ice applications being continuously kept upon the tumor, and a careful observation made as to the farther progress of the disease. By the aid of anodynes, the patient experienced great comfort from this treatment, yet her constitution was signally failing, and at last amputation was resorted to as the ultima ratio chirurgorum, to preserve life.

The specimen before the society had essentially aided in forming a definite diagnosis, as is often obtained in this way only in obscure diseases. The specimen consists in the lower half of the left femur. The periosteum covering the posterior surface had been raised off from the bone by blood, which was found in a semi-coagulated state and of a dark color. Having examined longitudinally this periosteum, and the coagula being removed, the internal surface was found to be densely covered by newly-formed bony material, mostly spiculæ of large size, rectangularly inserted. Thus a cavity was formed which anteriorly was connected with an excavation of the femur and inferiorly with the articular cavity, the communication being between the ligamenta cruciata. In this way the blood had obtained access to the joint, and not only filled it entirely so as to extend into the superior cul-de-sac, bursting into the sub-rectal bursa. The excavation occupied both condyles, the triangular portion above, and extended upward into the medullary cavity. The lower wall separating it from the joint was extremely thin, and nearly reached the articular cartilage. The walls were rough and covered with disintegrated bony material, by no means surrounded by the eburnated structure, so characteristic of bone abscesses. The aperture of this cavity was as large as a new cent, and its margins soft and irregular. The cavity itself was filled with coagula solely. That portion enclosing it was not distended, its circumference being rather reduced by exfoliation. The articular cartilage was moderately thickened, and its color milky. At the anterior surface of the bone, above the epyphesis, the periosteum was likewise separated from the bone, and also covered by bone material. The marrow was softened and of rosy color. The soft tissues were œdematous to a high degree, and slime tissue had formed in abundance.

From these pathological conditions, it cannot be questioned, that in the present case there had been an insiduous form of osteo-myelitis. The character of the cavity precludes the possibility of a bone-abscess. Whether the disease had been superinduced by tubercular deposits could not be decided at this juncture. It was difficult also to determine from what source the hemorrhage had come. The quantity of the blood indicated the rupture of larger vessels than the endostium is supplied with.

BRADFORD COUNTY MEDICAL SOCIETY.

The Bradford County Medical Society met at the Odd Fellow's Hall, in the borough of Towanda, on Wednesday, Sept. 4th, 1861, at 10 o'clock, A. M.

The President, Dr. Parsons, in the chair.

The following members were present, viz: Drs. Parsons, of Troy; Horton and Homet, Terrytown; Allen, Smithfield; Turner, Mason, and Ladd, Towanda; Bliss, Le Roy; Clagett and Moody, Standing Stone; Keiff, Athens; and Holmes, of Canton.

The minutes of the last meeting were read and approved.

Dr. Mason presented an invitation from C. L. Ward, Esq., requesting the Society to dine with him at 3 o'clock, P. M. The invitation was unanimously accepted, and a Committee consisting of Drs. Horton, Bliss, and Turner, appointed to inform Mr. Ward of its acceptance, and to draft resolutions and sentiments for the occasion.

Dr. Horton offered the following: that as it is the request of the Volunteers of this County, that a Surgeon from this section be appointed by the Government to attend them. Therefore,

Resolved, That we unanimously recommend

Dr. E. P. Allen, of Smithfield, for such appointment. Carried.

The President then announced, that the Society was ready to receive written reports of cases and papers.

Dr. Allen reported a case of concussion of the brain, from a blow on the head, producing a fissure, and slight depression of the outer table of the cranium. After a few minutes, he was sensible for a while, and then became unconscious, comatose, and vomited. He was treated antiphlogistically by venesection, purging, &c. After a few days he began to be sensible and conscious, but had double and weak vision, which was remedied by confinement in a dark room for one week. In time he recovered without the operation of trepanning.

Dr. Clagett reported a case of dysentery that in a few days assumed the form of acute rheumatism, which by metastasis attacked the uterus, producing severe labor pains. She recovered by the use of anodynes and anti-rheumatics.

Dr. Holmes, a case of alcoholic poisoning in a young man aged 16 years. He became comatose, within two hours after taking five drinks of whisky, was left by his companion in his own father's barn about 12 o'clock at night, to get sober, and was found dead in the morning. A post-mortem revealed venous congestion of the brain, and an alcoholic scent in the ventricles, and over a pint of liquid in the stomach, with a strong alcoholic smell. This case strongly bespeaks a moral warning, as well as a caution, not to leave persons in like condition unaided.

Dr. Holmes, also, reported three cases of chorea, two of which were connected with deranged menstruation, and the other following acute rheumatism. All soon recovered under a treatment adapted to indications, without specifics, which is the true principle of treatment in all diseases, leaving specifics out of the question.

Dr. Homet, a case of a little boy at 6 years, that had nearly severed his fore finger with an axe, excepting a small portion of skin on the inside. It was immediately perfectly adjusted, and by cold water applications was completely restored.

Dr. Mason, a case of fracture of the skull in a lady aged about 30 years, with slight depression of the outer table. In jumping from a carriage she fell, was not unconscious, was treated antiphlogistically, and recovered. As the Dr. had been censured for not trepanning, the Society debated the subject, and unanimously sustained him for not operating, as well as to recommend the rule not to operate until the symptoms were sufficiently severe to warrant it.

Dr. Rockwell communicated a case read by Dr. Mason, of an incised wound of the abdomen, with a portion of the omentum protruding, which failing to return, the doctor cut off, with very little hemorrhage, and then dressed the wound; the man was at his labor in ten days.

The lecture, essays, and the medical discussion, were postponed to the next meeting.

Mr. H. M. Moody, student of medcine with Dr. Allen, read a very interesting paper on sulphate of quinine, which reflected much credit on the author. This exhibits the right spirit in medical students.

The President then appointed a committee, consisting of Drs. Holmes, Bliss, and Homet, to nominate officers for the ensuing year.

The Committee on nominations then reported the following, viz:

For President—Dr C. M. Turner, of Towanda.

1*st Vice-President*—Dr. W. L. Claget, of Standing Stone.

2*d VicePresident*—Dr. E. G. Tracy, of Sylvania.

For Transcribing Secretary—Dr. Daniel Holmes, of Canton.

For Corresponding Secretary—Dr. V. Homes, of Terrytown.

Treasurer—Dr. E. H. Mason, Towanda.

Censors—Drs. Horton, A. Parsons, and Benj. De Witt.

On motion of Dr. Horton, the report was accepted, and the committee discharged.

Dr. Mason moved that the list of officers reported be unanimously elected *viva voce*, which was carried.

A committee, consisting of Drs. Allen and Ladd, were appointed to conduct the newly elected officers to their respective seats.

Dr. Turner, the newly elected President, after being introduced to the Society, gave a brief address, making some very appropriate remarks, and promised his hearty co-operation with the members in all its interests.

The other officers being duly installed, promised also to exert all their energies to cooperate with the President and members for the very best interests and good of the Society.

Then, by the request of the Society, Dr. Parsons, the retiring President, delivered the annual address, which was very appropriate for the occasion.

The Society tendered their thanks to Dr. Parsons, for the interest he had previously taken in its labors, and for the promptitude and despatch with which he had discharged his official duties during the past year, and tendered him the very best wishes of the Society in his declining years.

The President then appointed Dr. Horton Physician, and Dr. Ladd, Surgeon to the clinic, and announced it the next order of business.

Dr. Ladd presented a case of cancerous tetter of the skin on the nose, extending to each cheek. The lady was about 50 years of age, and the affection had existed a number of years. Several irregulars had warranted a cure and failed. No cure was promised, and no treatment recommended, but palliative.

Dr. Homet, a case of single hair-lip, child, aged 3 years, operation advised.

Dr. Mason, a very interesting case of supposed hermaphrodite, child, aged 2 years, which was pronounced a male. An operation had been advised by a quack, but the Society discountenanced it.

Other cases of minor importance were presented.

The hour of 3 o'clock having now arrived, the Society proceeded *en masse*, to the residence of C. L. Ward, Esq., where the members were received with cordial hospitality, and partook of a sumptuous repast; after which the following sentiments were offered by the Secretary, Dr. Holmes, and very appropriately responded to, viz:

The Medical Profession—By Dr. Horton.
Our Country—By Dr. Bliss.
Our Host and Hostess—By Dr. Turner.

The latter was, on behalf of his parents, replied to by their son, Mr. Harry Ward, in a few brief and noble sentiments, which did honor, not only to the parents, but the occasion.

The Society then adjourned to the library, which probably is not surpassed by any private collection in the State, and spent an hour in the examination of its extensive and valuable collections of books, among which are many specimens of the earliest exhibitions of the art of printing. And this vast collection which has been procured at an enormous expense from Great Britain, Europe, Egypt, and in fact from every part of the world, is rendered doubly interesting and instructive, by its numerous living representations of past ages, customs and times, that books cannot describe.

After which the Society re-organized, and unanimously adopted the following resolutions, viz:

Resolved, That this Society, truly and gratefully appreciate the courtesy of C. L. Ward and family, and that we extend to them our warmest acknowledgments.

Resolved, That whereas, the war now being waged against our Government, has been undertaken without any apology or excuse, and has for its only object the overthrow of free institutions: Therefore,

Resolved, That we will give to the National Administration our most hearty co-operation and support in the execution of all necessary means for its prosecution, and the total annihilation of treason.

The President then appointed Dr. Holmes, Lecturer, and Drs. Mason and Rockwell, Essayists, for the next meeting, and the subject of blood-letting in acute diseases was chosen for discussion at the same time.

Dr. Holmes proposed Dr. James Davison, of Canton, for membership of this Society. Deferred till next meeting.

On motion of Dr. Horton, the Society adjourned, to meet in the borough of Athens, on the 1st Wednesday (and 1st day) of January, 1862, at 10 o'clock, A. M.

Daniel Holmes, M.D., Sec'y.

Canton, Sept. 13, 1861.

EDITORIAL DEPARTMENT.

PERISCOPE.

Weekly Summary of American Medical Journalism.

By O. C. Gibbs, M.D.
Of Frewsburg, N.Y.

A NEW OPERATION FOR CONVERGENT STRABISMUS.

In the *San Francisco Medical Press*, for July, Prof. E. S. Cooper has a paper upon the operations for the cure of convergent strabismus, in which he criticises the old methods of operation, suggests a new plan, and reports several cases in illustration. He avers that the results of all previous operative procedure have been unsatisfactory—frequently the resulting deformity has been quite as great as that for the removal of which the operation was performed. The cause of this he attributes to the following: "the position of the eye, in many instances, continues changing, after the operation has been performed, for months, and sometimes years, and it is in consequence of this, that I have adopted a process of treatment different from that pursued by others." The following are Prof. Cooper's rules of operation:

"1st. The extent of the division of tissue should never be based simply upon what is commonly required.

2d. In performing the operation the surgeon should not hurry through it, but divide the parts to a limited extent at first, then stop, absterge the wound carefully, and observe the change, if any, produced, and thus the operation should be continued throughout, the surgeon stopping, from time to time, to see how nearly the eye becomes straight.

"This plan renders the operation tedious but safe, and, if properly pursued, is nearly always successful. It is not true, as authors would have us believe, that but few cases are entirely successful, that is, leaving no deformity whatever. Seventy-five per cent., at least of all that I operate upon, terminate in a complete removal of the deformity, so that not the least want of symmetry can be discovered in the contour of the eyes. But in a majority of cases the operation is repeated once, often twice, and occasionally three or four times, and I have had several cases in which both eyes had to be operated upon in this way, before success was achieved: The rationale of the

plan is this: by dividing the tissues to a moderate extent, the position of the eye will be changed slightly, even in cases of true fibrous degeneration, and as the wound heals, which it does readily enough by the reproduction of the necessary tissues of greater amplitude than those divided, and the position of the eye, at the end of from three to six weeks, improves in position, and is ready for a second operation, if necessary: the patient, in the meantime, suffering no inconvenience whatever, except in the fact of having the eye bandaged. Not the slightest inflammatory action of a troublesome character ever supervenes. I speak confidently, having operated upon over seven hundred cases without its occurrence in any. Nor is this to be attributed to our climate, as some are disposed to say."

REVIEWS AND BOOK NOTICES.

A Treatise on Diseases of the Joints. By Richard Barwell, F. R. C. S., Assistant Surgeon, Charing-Cross Hospital, etc. Illustrated by engravings on wood. Philadelphia: Blanchard and Lea, 1861. pp. 463.

No department of surgery has of late times attracted greater attention and been more elevated by improvement than that of joint disease. It has been the most important field for the developement of conservative surgery, and much of joint disease that was formerly neglected as incurable, has been made amenable to successful treatment. Limbs and lives are now frequently saved by ridding the member of an offending joint which has paralyzed its action, and almost worn out, by intense suffering, the existence of the patient, and been brought back to strength and usefulness. The blessing of anæsthesia has increased the domain of the surgery of the joints, and operations which, without it, would have been too much for the worn-out sufferer to tolerate, can now, without suffering, restore him to health and activity.

The study of joint diseases is of the greatest importance from their great prevalence, and the suffering and damage to the frame which they occasion; yet, we venture to assert, that no diseases are, among the mass of the profession, considered less attractive, and are less understood. Diseases of the hip-joint, for which now so much can be done to relieve long-enduring agony, and to restore the limb to usefulness, has been, until recently, an opprobrium of surgery; and that most unfortunate articulation, the knee, is, indeed, indebted to recent progress. Still, to a majority of practitioners, the philosophy of the improved treatment in such affections is unknown.

Notwithstanding the effective direction for some years of surgical attention to the joints, the work before us is the only one of recent issue of a comprehensive character. Those of Cooper and Brodie, although valued in the literature of the subject, are not up to the times in a practical way, and the improvements of our own countrymen lie scattered in the pages of periodical literature, from whence they will be garnered abroad to return to us with their authorship ignored.

The author says, that for a number of years his attention has been devoted exclusively to the subject, and his name has been frequently recognized at the head of practical articles in the medical periodicals. Attention was particularly attracted to one article, in which the author announced his discovery of tubes in the articular lamella—a series of minute parallel tubes which run in a wavy course from the true bony structure to the cartilaginous surface.

A very considerable portion of the book is devoted to the consideration of disease of that structure of a joint which is most liable to disease—the synovial membrane.

We notice with satisfaction that the author does not teach the almost universal error of the check to secretion on the commencement of inflammation, as if thus to account for the "friction sound," which occurs early in synovitis. The first effect of inflammatory irritation is profuse secretion of the synovial fluid. The remarks on the treatment of synovitis are judicious. The author is evidently one of the class of practitioners who rely much on narcotics for the cure of inflammation.

"Pain," he says, "is an evil in itself, from which every surgeon is bound to save his patient as far as possible; but it is, besides, I am convinced, a source, when it lasts, of additional diseased action; it is a direct irritant." The irritation and exhaustion produced by suffering has been too little thought of in the treatment of disease.

Confidence is also expressed in the prophylaxis of inflammation by narcotic treatment. The author says, that "if now a patient were to come under my care, with a wound of an important joint, he should, probably, be kept opiated for several days."

The author admits the propriety of opening suppurating joint cavities. "A joint once suppurated has lost that sensitiveness to contact of air which it naturally possesses," yet, in apparent contradiction, in directing the emptying of the cavity of the hip-joint, he says that "the greatest caution must be used that *no air* be permitted to enter."

It seems strange that a suppurating joint cavity has not always been recognized as an abscess, and so treated by evacuation. The very successful practice of Dr. E. S. Cooper, of San Francisco, in the treatment of joint disease, and his novel observations on the non-irritation of air when freely admitted to the cavities of joints, seem to be unknown to the author, as are also other important discoveries and improvements in treatment by our countrymen, Drs. Louis Bauer, and A. G. Walter.

The chapter on hyarthrosis presents the author's peculiar views which will meet with criticism and objection. The so-called gonorrhœal rheumatism he asserts decidedly to be a mild form of purulent infection, and seeks for an analogy in the frequency of pyarthrosis following surgical operations about the male perineum, urethra, and prostate. In opening joints filled with pus, in this disease it is said that "the wound should be closed as soon as the pus has ceased flowing, and pressure by means of a bandage is to be applied" We are convinced that this practice is a very great error, and that much greater safety to the patient would be gained

by making one very large opening into the joint, or, better, two free openings, and keeping them open so as to effect a very complete drainage, and to facilitate the washing out of collected pus.

In the treatment of strumous synovitis, when counter-irritation is resorted to, the powerful impression of the actual cautery is advised. This will be corroborated by all who have had experience with it in the treatment of painful chronic joint disease.

On the subject of the pathology and treatment of hip joint disease, we expected to have learned something from the observations and practice of Dr. Barwell, but have been disappointed. Of the pathology, the labors of our own countrymen have elucidated more, and as to the mechanical part of the treatment our contrivances are incomparably superior to anything he seems conscious of. Credit is given to Dr. Bauer, of Brooklyn, for his introduction of the practice of dividing the muscles in hip-joint disease, which are most at fault in keeping up contraction, painful spasm, and startings. The author advises the operation only, when the extending force alone fails to relieve the painful symptoms. He approves of Dr. Bauer's operation of opening the distended synovial cavity in this disease, thus anticipating the discharge, but avoiding the slower and more destructive effects of abscess by burrowing of pus in the surrounding structures, with its concomitants of suffering and irritative fever. It is admitted that "surgery is indebted to Dr. Bauer for this operation, and it will, as far as my experience goes, be found very valuable. In my hands it has certainly relieved pain to a remarkable degree, and the formation of abscesses has seemed, to say the least, postponed. But the more extended experience of Dr. Bauer himself will afford a more reliable account of its benefits than my smaller number of cases can furnish."

The chapter on excisions of joints is interesting and highly practical.

The work is illustrated by cuts, particularly in reference to appearances of limbs after the operation of excision of joints. It is gotten up in elegant style, and, in the present perilous times, the medical profession is indeed indebted to the publishers for reproducing such a monagraph. Its teachings will be valuable to every class of practitioners, for joint disease is of so frequent occurrence, and dependent on too varied causes to belong exclusively to any special province of practice.

The Morbid Effects of the Retention in the Blood of the Elements of the Urinary Secretions. By W. W. Morland, M.D. Fiske Fund Prize Essay, 1860. Philadelphia: Blanchard & Lea, 1861.

The above is the title (almost as large as the essay itself) of the last volume on urinary pathology which has reached us. We observe that the whole matter is summed up, in the lettering on the side, by the word *Uræmia:* and hope we shall not be deemed hypercritical if we suggest that *Urinæmia* would have been more appropriate, as the formation is limited to a special condition of the organism long supposed to be due to retained urea. This meaning is adopted in the work by the author himself.

In replying to the question propounded by the Trustees, Dr. Morland has contented himsef with giving us an abstract of Dr. Thudichum's work, varied with quotations from Braun's chapters on Uræmic Eclampsia, Golding Bird, Prout, Bernard, etc., etc., and produced a pretty good (though rather tedious) review of the whole subject. We cannot help wishing that he had condescended to throw some new light upon such mooted points as the actual toxic agent iu uræmic poisoning, or the diagnostic value of the absence of the chlorides from the urine in pneumonia. A few well-made experiments on these points would have given a high scientific value to labors which must now rank merely as those of a compiler. The work will prove interesting to those who wish to know where to refer for valuable papers on urology.

J. C. M.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, OCTOBER 19, 1861.

THE INTRODUCTORIES.

At 12 M. on Monday last, a large collection of students and graduates assembled in the chemical lecture-room of the University of Pennsylvania, to listen to the introductory lecture from Prof. Wm. Pepper. The speaker was cordially greeted as he entered, and after a brief introduction of welcome to the class, some of whose faces, he observed, were familiar, and others were here for the first time, he proceeded to speak in a somewhat desultory manner *of the progress of medical science and the means of attaining it.* He discarded the idea, sometimes entertained, that no progress has been made in the science of medicine for the last years; spoke of the strong tendency, in some classes, to disparage the well-settled principles of the science, and of the want of faith in the efficacy of the art which was one of the results of such incredulity. As an evidence of the rapid progress medical science and art had made, he referred to the revelations in diagnosis made by auscultation and percussion, and by the microscope. It was not long ago that the stethoscope was declared, by a distinguished professor, to be an instrument with a fool at

one end and a patient at the other, and that not one in a thousand could distinguish *bruit de soufflé* from thunder; now this instrument, or its representative, the human ear, was universally acknowledged as an invaluable help in diagnosis, and yet all these are yet in the infancy of their progress, and await future revelations to make them still more complete in their demonstrations. The physician of this day is expected to designate the particular organ which is the seat of disease, to indicate the precise locality, extent, and nature of the malady with which his patient is afflicted; and this he is able to do, aided by the superior light which progress has thrown upon medical science and art. He also mentioned as another evidence of medical progress the fact that physicians of this day were better able to cure disease; the progress in therapeutics had given them a better knowledge of remedies and their application. Diseases are conducted to a safer issue; are treated more rationally; the rate of mortality is decreased, as shown by the English census, and by hospital reports. The duration of disease is also shortened; and these results are not attributable alone to improved education, but to progress in science. He also spoke of the benefits which the physician confers upon his fellow beings, extending not only to the cure but to the prevention of disease, and to the shielding of their fellow men from the pestilence, as exhibited in the cure and prevention of scurvy among the sailors; in the adoption of sanitary regulations, whereby the soldier is rendered less liable to death from disease, which is more fatal to him than the bullet; in superintending public charities, and in aiding whatever tends to enlighten or to elevate. And yet there are some who would knock down the ladder by which such eminence is attained, and by which they, themselves, have risen to distinction. The speaker alluded to the intricacies of the human system, the difficulties attending the study of vital phenomena; and whilst he was ready to admit that medicine was by no means infallible, the only surprise was that so rapid and great progress had been made.

The speaker then adverted to the professions of law and theology in contrast. Law demands much study, but the lawyer has time and leisure allowed him for investigation before he decides. The physician must give his decision at once, and it may affect life. All have read of the "glorious uncertainty of law." Both these professions may be essential to our well-being, but inasmuch as health is more important than dollars and cents, so its custodians must be held as greater benefactors of the race. So also in theology, the spiritual is higher than the natural, yet there is no unanimity of sentiment among theologians, and it cannot be denied that there is great quackery and uncertainty in both of them. So that the charge of want of unanimity, which has been so frequently urged against the medical profession, is of no avail; and yet it may have given rise to the various errors and humbugs of the day, from all which the diligent student and inquirer will gather whatever will strengthen or adorn our temple. The speaker here alluded to the revival of Brunonianism, or the treatment of disease by stimulants, formerly in vogue in the days of Brown. Its tendency, he remarked, is to foster the use of stimulants generally. Brown, himself, died a victim to his system. He also adverted to a class of practitioners, which he termed conservators in medicine, who seemed to make haste to place themselves on the stool of confession, in regard to the practice of former days, as being too vigorous and too heroic, and to have become converts to the doctrine that nature, almost unassisted by art, will accomplish the cure of disease in the system. Nature versus art may be a favorite notion; the lancet may, in some instances, have done injury; medicines may have been given too freely; but neither should be discarded on that account.

The speaker closed with some excellent practical remarks, more especially directed to the class before him, in which he especially urged the importance of thorough preliminary education, as a requisite to that permanent progress in medicine which we all desire to see.

The happy hits of the speaker were frequently applauded.

The introductory lecture at Jefferson College

was delivered by Professor Franklin Bache at 7½ o'clock, P. M. The full faculty were present, and a large number of students and graduates, nearly filling up the large lecture room of the building.

The speaker announced no particular topic as the theme of his discourse, but expressed his desire to make what he had to say of practical value to the class. As one of the most important to their success he urged the necessity of *method* in study. The student can, to some extent, acquaint himself with anatomy at home, by the use of the skeleton, and by dissecting the bodies of the lower animals; but, in his opinion, no man was justified in performing a surgical operation upon the living body who has not dissected the dead. Chemistry too was an important branch of the study of medicine, inasmuch as it has a very close and intimate relation to the practice, but it was a demonstrative science, and to be comprehended needed to be seen.

The lecturer then spoke of materia medica, and gave it as an important rule for beginners to read of no drug without having a specimen of it before them, in order that they might practically test its qualities. The three kingdoms of nature were the source from whence the materia medica was made up; the animal, mineral, and vegetable. The study of zoology, minerology, and botany, were, therefore, of great importance. The latter in an especial manner. The wide domain of nature, the fields and the flowers, were spread out invitingly before the student, and he should enter upon their study with zeal. This branch was too much neglected. The science of medicine is divided, for purposes of study and convenience, into three great branches—medicine, surgery, obstetrics, they are really but one. In my plan of study, the speaker remarked, the *elementary* branches should first be taken up, and I would have the student of medicine apprenticed to an apothecary from the age of fifteen to eighteen, as a part of that elementary course. Then I would have him enter upon what may be termed the advanced branches; he should attend three courses of lectures, not taxing his mind at first with the lectures on all the branches taught in our medical schools, but listening to, and taking notes of only a part, He should read text books, attend dissections, and himself dissect. During the summer preceding his last course he should prepare his *thesis*. He should not defer it later lest it might be executed in too much haste, and not fairly represent his literary qualifications. In this manner the student will become the thoroughly qualified scholar, and be prepared to commence his duties as a physician with a consciousness of being able to fulfill its arduous duties. The speaker closed with some excellent advisory counsel to the class. The lecture was brief and pointed, and enlivened with a vein of quiet humor which elicited frequent applause.

On Tuesday evening the introductory before the Philadelphia School of Anatomy and Operative Surgery, was delivered at the lecture room of that institution by Prof. Agnew. His subject was a *Biographical sketch of Baron Larrey, Surgeon to Napoleon's army*. The subject was an exceedingly interesting one, and was so admirably written, arranged, and delivered, as to retain the interest and attention of the audience for the nearly two hours occupied in its delivery. Some intimations that it may be published leads us to attempt no further notice of it for the present.

EDITORIAL NOTES AND COMMENTS.

Women's Hospital.—This Institution, which received its charter from the Legislature of Pennsylvania in March last, is soon to be opened, we understand, in a commodious building on College Avenue, opposite Girard College. It is designed for the treatment of non-contagious diseases of women and children. The Board of Managers is composed entirely of ladies of "different religious denominations." This is designed, we suppose, to prevent the institution from becoming sectarian, or to insure its friends that strict impartiality will be exercised in the admission of the sick of all the sects represented in its management. This is a new feature in hospital arrangement, and deserves mention as a new era in hospital history. The honor of initiating the movement will, without doubt, belong to the Women's Hospital of Philadelphia. At the risk of being considered ungallant, (which above all imputations we would utterly disavow,) we would suggest

that nothing is said in regard to sectarianism in treatment, a point which in our humble opinion, is *quite as important as the other*.

The resident physician of the hospital is Mrs. E. H. Cleveland, who has just returned from a visit of inspection to hospitals in Europe, having spent nearly a year in the Maternite of Paris. A similar institution has, we understand, been in successful operation in New York for some time past, and the experiment is now to be tried in Philadelphia. We term it an experiment because the idea of a hospital exclusively controlled and conducted by ladies is novel in this country, and some doubts attend its success. We would earnestly hope, therefore, since the "Women's Hospital of Philadelphia" is a fixed fact, that a high standard of medical education, in those who have charge of its inmates, may be required. If such be the case, it may not only deserve the sympathy and contributions which it asks of the public, but may be entirely successful.

To the Profession.—The importance of *vaccinating* or revaccinating our troops, is admitted by all. Through the activity and energy of our State Medical Staff, twelve thousand of the "Reserve Corps" of Pennsylvania were thus protected. Subsequent levies were also vaccinated as far as time would admit. Since this, a large body of troops, amounting to about nine thousand, have been assembled at Camp Curtin, near Harrisburg, and are there detained in completing their organization. It is the wish of Surgeon-General Smith, that these men should be similarly favored, but it is found difficult to obtain fresh and reliable virus at this season of the year. We, therefore, desire the profession, in imitation of the generous conduct of Jenner, freely to aid in this effort. All vaccine sent to No. 1112 Walnut street, to Henry H. Smith, M.D., will be judiciously applied to the protection of the State troops now at Harrisburg, and, if in excess, forwarded to the surgeons of independent Pennsylvania regiments, assembled around Washington, and not thus cared for prior to being mustered into the United States service. We anticipate a prompt and hearty co-operation in this important and patriotic measure.

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The Empress of Austria, who has been under the treatment of Professor Skoda, for pulmonary tuberculosis, is said to be improving.

Correspondence.

NEW YORK CORRESPONDENCE.

Heureux commencement est la mortié de l'ouvre.
Fr. Proverb.

This week inaugurates the practical commencement of our regular college courses. There will then be abundant material for clinical reports; discursive lectures to be commented upon; the various styles of the distinguished professors, and the immediate details of the most interesting cases. At present there is nothing very new; nothing specially out of the way, or particularly in the way, of any medical importance.

The excellent tonic, styled by those who employ its virtues: "Ferro-phosphoretted Elixir of Calisaya Bark," has proved of great benefit to worn-out patients and debilitated and anæmic females. Ere long it may become officinal.

Our dispensaries are full of applicants, who seem to feel less able to rise out of their disorders in proportion as their fiscal troubles weigh upon the mind.

The Naval Board of Examiners are carefully fulfilling their duties with most conscientious rectitude in the Navy Yard, Brooklyn. The applications for surgical positions find that there exists no paucity of stumping questions. Though many have been accepted, the rejection of the incompetent is of itself a recommendation of the honesty of the system.

Now that quacks are being placed to the care of wounded soldiers—far out West—it behooves the Eastern men, at least, to have only those selected who are cognizant of, and qualified for, the responsible position of surgeon.

In your list of the worthy physicians who risked life and future prospects for the sake of alleviating the sufferings and mitigating the woes of their distressed and wounded comrades, you accidentally omitted that of Dr. Ferguson, a student of Prof. James R. Wood. This ambitious Doctor, who, at the time of our "constitutional" difficulties, was fulfilling his duties at Bellevue Hospital, left for the Union army, and was on the field at the Battle of *Full* Run! Having taken the proper care of his wounded, he was about to retire, when he perceived some cavalry approaching with speed, desirous of capturing him. Putting spurs to his horse he succeeded in reaching the movable hospital, and called out to his associate to hoist a flag indicating their vocation. It was, however, too late. The next minute a volley was discharged at him—the result was a compound fracture of both bones of one leg. Since that time Dr. Ferguson has received no medical or surgical aid from the *rebels*, though their prisoner. The wound has suppurated, and fears for his life are entertained. The Doctor on the union side has written and begged strenuously to

be permitted to attend, but in vain. Dr. Ferguson was also robbed of $200, in his pocket at the time. Dr. Mott has now written, I believe, to obtain surgical aid. What strange brutality towards a noble surgeon.

Gourmet.

NEWS AND MISCELLANY.

Military Hospitals at Richmond, Va.—The following interesting account of the Military Hospitals in Richmond, Va., where only male nurses are employed, is taken from the *Enquirer* of a late date. Five hundred prisoners have been treated at the hospital on Maine street, under charge of Dr. Higginbotham, from June 28, to September 27. Of these, three hundred wounded experienced a mortality of .096, and two hundred sick, not wounded, lost a per centage of .0¢, the two categories together .082; being forty-one deaths, of which twelve were from sickness, without wounds. Here, Dr. Higginbotham has enforced personal cleanliness and discipline. It is the only one of the large hospitals of its class which has been furnished with bath tubs. The sick prisoners, when refractory, are compelled to make use of them, and such as engender vermin are made decent in spite of themselves. One of their own number is made to keep watch over each bath tub, to prevent the rest from abusing it.

The Byrd Island Hospital, at Gilham's factory, which, as well as the almshouse, is beautifully situated, airy and capacious, states on its books a mortality of only three per cent., or 15 deaths to 500 patients between August 15 and September 20, or rather to 400 patients, as about 100 were sent away during their illness—increasing the per centage of deaths to .0375.

The Almshouse Hospital book has 240 entries for the month of August, and 39 deaths recorded—making a per centage of .0946, on 373, the whole number of patients treated. By reports rendered to Surgeon-General Moore, however, the aggregate of Confederate soldiers treated in August was 269, and that of Federal prisoners 271—together 540—which, after substraction of those sent away to other hospitals, &c., leaves still nearly 500, and reduces the per centage of mortality to .078.

Bellevue, Dr. James Bolton's hospital, treated, from May 4 to September 25, 127 soldiers; had returned 78 to duty, retained 37, and had buried 12.

The Medical College Hospital, the property of a corporation which boards a large number of Confederate patients, shows entries for the months of July, August, and September, of 486, and deaths 38, or .078 per cent. The actual number of patients at one time lately was 100. The relative mortality is due, in part, to the number of almost dying men brought in from the camp-ground of the Tenth Louisiana Regiment. This is only a particular instance of a neglect excessively frequent, and to which thousands of precious lives have been sacrificed.

The average mortality of the large hospitals cited is more than double that of the ladies' private hospitals.

The illness of an officer in charge at the St. Charles Hospital has rendered it too difficult to obtain statistics of that institution—a noble charity of the city of Richmond, managed by an association of gentlemen, and which has extended its protection to from 300 to 450 soldiers at once, within the last three months.

Dr. Wm. B. Atkinson, of this city, has been elected to the Chair of Obstetrics and Diseases of Women, in the Howard Hospital.

Our types last week re-elected Dr. S. W. Butler as Physician of the Insane Department of the *Pennsylvania* Hospital. It should have been Philadelphia Hospital.

The number of Sick in the Hospitals at Washington for the week ending October 11th, was 954, a slight increase over last week. They are distributed as follows: E. Street, 84; Seminary, 187; Union, 199; Columbia, 235; Circle, 59; Alexandria, 190.

Professor Ives, of Yale College, who died on Tuesday at New Haven, was in the 85th year of his age. He graduated at Yale in 1794, and in 1820 became a Professor in its medical school. He was one of the most successful obstetric practitioners in America.

Dr. W. S. Fort, of Jersey City, has been appointed an assistant surgeon in the United States Navy.

Dr. A. N. Dougherty, Surgeon of the Fourth New Jersey Volunteers, has been appointed Brigade Surgeon.

Dr. E. B. P. Kelly has received the appointment of surgeon, and Dr. Chas. C. McLaughlin, that of assistant surgeon in Col. Gosline's Regiment of Pennsylvania Zouaves, the 45th. The regiment is now full, and is soon to leave for the war. Both of these gentlemen were formerly connected with the Philadelphia Hospital, and both have visited the hospitals of England and France.

A Want!—The *Richmond Dispatch* says: "We want to see Philadelphia sacked, the medical colleges turned inside out, and all the Professors brought in double irons to the South, and allowed no other rations but their own potions and lotions."

Dr. T. Gaillard Thomas, a prominent medical practitioner of New York, and well known to the profession as the originator of the postural treatment of prolapse of the funis, has become connected with the *American Medical Monthly*, in the department of Domestic Medical Literature.

The Revised British Pharmacopœia is announced to appear by the first of the coming year.

MARRIED.

Dunham—Stout.—In New Brunswick, N. J., on the 8th instant, by the Rev. Dr. Crosby, Charles Dunham, Jr., M.D., and Elizabeth W., daughter of Lewis Stout, all of that city.

Helfrich—Kelley.—On the 8th instant, by the Rev. Dr. Taylor, Dr. J. S. Helfrich, of this city, to Miss A. F. Kelley, only daughter of the late Captain Walter Kelley, formerly of New York.

Culbertson—Hill.—Sept. 2d, by Rev. J. Stoneroad, Dr. J. Culbertson, of Shippenburg, Pa., and Miss Nancy, daughter of Col. A. M. Hill, of Fayette county, Pa.

DEATHS.

Davis.—At Alton, Illinois, on the 24th of September, William Pennock Davis, son of the late Dr. George Davis, Surgeon U. S. Navy, formerly American Consul at Tripoli, and grandson of the late William Pennock, Esq., U. S. Navy Agent at Norfolk, Va.

To Correspondents.

Postage Stamps.—Subscribers will please *not* send us the old style of stamps, as they are worthless to us, not being received for postage at the Office in this city. They will also please send us *only one* and *three* cent stamps. tf

D. G.—The roots or bark of medicinal plants should be gathered in the fall.

B. S.—There is but one hospital in this city which requires a fee from students.

W. P.—The best and most recent works on the Rectum and Anus are those of Ashton and Bodenhamer.

Communications Received

Canada, East.—Dr. A. D. Stevens, with encl. *Connecticut.*—Dr. C. H. Pendleton, with encl.; L. N. Beardsley, do; L. Gaynor, do; M. White, do.; Dr. C. R. Hunt. *Delaware*—Dr. J. R. Shivers, with encl.; J. D. Craig, do. *Illinois.*—Dr. Crossby, with encl.; C. A. Paul, do. *Indiana.*—Dr. D. L. Personett. *Kentucky*—Dr. D. Johnston, with encl. *Massachusetts.*—Dr. N. Green, with encl.; O. H. Flagg, do; Dr. W. E. Wright, Dr. L. D. Seymor, Dr. H. L. Bishop; Dr. E. Alden, with encl.; Dr. J. W. Burrows, (all right;) Dr. Ricketson, Dr. Josiah Brown, (all right;) Dr. W. H. Traver; Dr. E. T. Gatchell; Dr. W. H. Louge; D. F. W. Mason, with encl.; Dr. A. Wilson, Dr. J. C. Baker, Dr. C. Cullis, with encl.; Dr. Edward Barton. *Michigan*—Dr. C. H. Southworth; Dr. W. J. McHench, with encl *Minnesota*—Dr. J. W. Daniels. *New Jersey.*—Drs. R. F. Chabart, with encl.; J. B. Ward, with encl.; T. Johnson; S. T. Locke, with encl., E. M. Distrow, do; Dr. F. Gauntt; Dr. J. S. Linabery; Dr. C. Shepherd, with encl., S. W. Scriver, do; Dr. H. P. Ely. *New York.*—Dr. Louis Bauer, with encl, (2); Dr. Geo. W. Barr, W. A. Townsend; Dr. A. Shiland, with encl., Geo. K. Smith, do; S. G. Carpenter, do; J. B. Hayes, (by Am. Tr. Soc.;) J. F. Scott do; Dr. R. R. Gregg; Dr. W. R. Gorton; Dr. O. C. Gibbs, (2;) Dr. D. Hopkins, with encl.; B. A. Mynders, do. *Ohio.*—Dr. B. F. Payne, with encl.; H. P. Kay, with encl; Dr. A. H. Stephens; Dr. Edward Lynch, (com.) *Pennsylvania.*—Dr. S. P. Detwiler, with encl.; Dr. J. K. Hertz, with do; Dr. Ira Day, do; Dr. A. G. Cross, do; Dr. W. Braden, do; E. P. Hentz, do; J. S. Shimer, do; A. H. Smith, do; Dr. A. Dimmock; Dr. J. L. Duncan, with encl.; J. G. West, do; Dr. A. R. Savidge; Dr. Rosenberger; Dr. R. H. Patterson, with encl; B. M Collins, do; Dr. F. Howard; Dr. A. H. Muth; Dr. A. Achenback, with encl.; W. W. Wick, do; J. G. Mensch, do; Dr. A. A. Ziegenfuss; Dr. Geo. S. Wentz, with encl.; Dr. J. A. E. Reed. *Rhode Island*—Dr. S. W. Butler.

Office Payments.—Drs. Rittenhouse, Shoemaker, Craig, Ash, Brooks, Griscom, Darragh, Ashton, Kitchen, Somers, Fricke, Posey, Moorhouse, Crawford, Powers and Weightman, Russell, Zollar, Pancoast, Burnell, Hamilton, Horner, Demme, Meintzer, Hunt, Pepper, Field, Smith, Roberts, A. H. Smith, Fouché, Scofield, Bannon, Knox, Coad, Rachenberger, Lindsey, Halsey, Leech, Lessey, H. W. Marbourg, W. E. Barnes, Joseph Cook, Kennedy, Hooper, Shelley, Winkler, James, F. Wertz, W. B. Erdman, William Seip, Brinton, W. S. Harrah, Thomas W. Drown, J. W Kerr, J. S. Angell, Sweinhard, Stauffer, Dunlap, Traw, Reyburn, Heritage, Hobensack, W. H. Cook.

VITAL STATISTICS.

Of Philadelphia, for the week ending Oct. 12, 1861:

Deaths—Males, 108; females, 109; boys, 63; girls, 59—Total, 217. Adults, 95; children, 122. Under two years of age, 64. Natives, 155; Foreign, 48. People of color, 10.

Among the causes of death we notice—Apoplexy, 6; convulsions, 10; croup, 7; cholera infantum, 4; cholera morbus, 0; consumption, 37; diphtheria, 10; diarrhœa and dysentery, 4; dropsy of head, 7; debility, 13; scarlet fever, 8; typhus and typhoid fever, 7; inflammation of brain, 8; of bowels, 3; of lungs, 3; bronchitis, 1; congestion of brain, 2; of lungs, 1; erysipelas. 0; whooping cough, 0; marasmus, 12; small pox, 4.

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" " " 12, 1861.....216

Of Boston, for the week ending Oct. 5, 1861:

Deaths—Males 48; females, 39. Total, 87. Under five years of age, 50. Natives, 66; Foreign, 17.

Among the causes of death we notice—Phthisis, 10; cholera infantum, 8; croup, 0; scarlet fever, 2; pneumonia, 6; variola, 0; dysentery and diarrhœa, 5; typhus and typhoid fever, 3; diphtheria, 0.

Of New York, for the week ending Sept. 28, 1861:

Deaths—Men, 72; women, 58; boys, 119; girls, 98. Total, 347. Adults, 130; children, 217: males, 191; females, 156; colored, 6; infants under two years of age, 141. Native, 239; foreign, 108.

Among the causes of death we notice—Apoplexy, 5; infantile convulsions, 24; croup, 4; diphtheria, 5; scarlet fever, 12; typhus and typhoid fevers, 3; cholera infantum, 25; cholera morbus, 1; consumption, 47; small pox, 7; dropsy of head, 18; infantile marasmus, 38; diarrhœa and dysentery, 22; inflammation of brain, 13; of bowels, 9; of lungs, 13; bronchitis, 2; congestion of brain, 8; of lungs, 5; erysipelas, 1; whooping cough, 3; measles, 1. 183 deaths occurred from acute disease, and 108 from violent causes.

Of Providence, R. I., during September, 1861.

Deaths—Males, 51; females, 58. Total, 109. Under two years of age, 47. Natives, 90; foreign, 19.

Among causes of death we notice—Congestion of brain, 2; bronchitis, 1; cancer, 3; cholera infantum, 10; cholera morbus, 1; consumption, 20; convulsions, 3; croup, 1; cystitis, 1; debility, 3; diarrhœa, 7; dropsy, 1; dysentery, 5; diphtheria, 3; typhoid fever, 2; puerperal fever, 1; disease of heart, 4; whooping cough, 4; hydrocephalus, 3; insanity, 2; marasmus, 3; measles, 1; old age, 4; paralysis, 1; peritonitis, 1; pneumonia, 2; scarlatina, 2; suicide, 2.

The increase of mortality in the last two months over last year seems to have been from the following diseases, viz: Summer complaints, increase, 12; old age, 7; consumption, 4; whooping cough, 6; scarlatina, 3; measles, 2; disease of the heart, 8; fevers, 4; debility, 4.

Medical Directory.

Under this head we propose to give such information in regard to the Medical Colleges, Hospitals, and Societies of the City as we may be able.

Pennsylvania Hospital, Eighth, below Spruce. Entrance on Eighth street.

Medical Clinic on Wednesday's and Saturday's, at 10 A. M., by Dr. J. F. Meigs.

Surgical do., at 11 A. M., by Dr. Geo. W. Norris.

Jefferson Medical College, Tenth, above Walnut.

Medical Clinic on Wednesdays and Saturdays, at 12 M., by Dr. R. Dunglison.

Surgical do., at 1 P. M., by Dr. S. D. Gross.

University of Pennsylvania, Ninth, below Market.

Medical Clinic on Wednesday's and Saturday's, at 12 M. by Prof. Pepper; at 1 P. M., by Prof. Smith.

Dispensary Service every afternoon at 3 P. M., by Drs. Dunton and Hodge.

Pennsylvania College of Dental Surgery.—Clinical Lectures Saturday's, at 3 P. M., by one of the Professors.